



Midway City Corporation  
 75 North 100 West  
 Midway, Utah 84049  
 435-654-3223

Office Use Only	
Date of Application	_____
Business License #	_____
Date Approved	_____
Fee Paid	_____ Date Paid _____

**APPLICATION FOR A COMMERCIAL BUSINESS LICENSE**

Please answer all questions – enter N/A if an item is not applicable

BUSINESS NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
 TYPE OF BUSINESS (please include a description of your business) \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 OWNER ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
 NUMBER OF EMPLOYEES: \_\_\_\_\_ (if you are the owner, DO NOT count yourself)  
 OPENING DATE: \_\_\_\_\_ BUSINESS HOURS: from: \_\_\_\_\_ to: \_\_\_\_\_ DAYS OF WEEK: \_\_\_\_\_  
 DOES YOUR BUSINESS SELL PRODUCTS? (circle one) YES NO STATE SALES TAX NUMBER: \_\_\_\_\_  
 WILL FOOD BE SERVED? (circle one) YES NO  
 WILL YOU BE APPLYING FOR A BEER/LIQUOR LICENSE? (circle one) YES NO

**FOR STATE LICENSED APPLICANTS ONLY:** UTAH STATE LICENSE NUMBER \_\_\_\_\_  
 TYPE OF LICENSE \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

All Commercial businesses shall be operated in compliance with the Midway City Zoning Ordinance and any conditions set forth. Upon approval of a commercial business, a license shall be obtained from the City and the license may be revoked or refused upon failure of the owner and/or operator to maintain the business in accordance with the standards and zoning requirements set forth at the time of approval. All licenses expire December 31<sup>st</sup> of each year, renewal fees should be paid by December 31, unpaid fees as of January 1 are subject to a 50% late fee per month. If fees are unpaid after March 1, businesses will be considered out of business and must reapply.

It is also the responsibility of the licensee to notify the City Office if they move, change their mailing address or close their business.

I have read the attached zoning information and certify that I am in compliance with the ordinance in operating a Commercial Business.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ALL APPLICABLE SIGNATURES MUST BE OBTAINED BEFORE A LICENSE IS ISSUED

City Planner: \_\_\_\_\_ Building Inspector: \_\_\_\_\_  
 Fire Marshall: \_\_\_\_\_ Health Department: \_\_\_\_\_

VAC: \_\_\_\_\_

Conditions of approval \_\_\_\_\_